

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08192

1. Entity Name

FLORIDA NATIONAL CHEROKEE FEDERATION, INC.

Principal Place of Business

1604 KATHLEEN ROAD
LAKELAND FL 33805

Mailing Address

CHIEF JACK SANFORD
PO BOX 322
SEFFNER FL 33584

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0072505

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, JOHN
906 SANTA CRUZ ROAD
COCOA BEACH FL 32931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GRIFFIN, JOHN
STREET ADDRESS 906 SANTA CRUZ RD.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STVD
NAME SANFORD, JACK
STREET ADDRESS PO BOX 322, N/A
CITY-ST-ZIP SEFFNER FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME STEVENS, SHELDON
STREET ADDRESS 775 E. MERRITT ISLAND CSWY.
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D
NAME JONNA GRIFFIN
STREET ADDRESS 625 FERN DR
CITY-ST-ZIP MERRITT ISL FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90045 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4-26-02 321-452-4145